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FOR RELEASE

UPON DELIVERY

CHILDREN IN TROUBLE IN A TROUBLED SOCIETY

SPEECH AT

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by

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Madame President and Congress delegates:

In Washington, D.C., where I live, the sound and fury about juvenile delinquency has reached almost hysterical proportions. One newspaper has been running daily articles on "Violence in the Streets" for the past three months.

To some of us the recent attention given to this problem is ironic. For a number of years we have been telling public officials that although the number of children under the age of 18 in the District of Columbia has increased from approximately 180,000 to 250,000 in the past eight years, there has been no increase in either in-patient or out-patient treatment facilities for children. There are only 102 beds in the District for psychotic children, and 90 of these are located at St. Elizabeths, the 7,000 bed Federal Mental Hospital. Three years ago, a United Community Services survey reported that at least 11,000 school children in the District of Columbia needed psychiatric help.

Of these, only 1,475--about 15%--were receiving diagnostic clinical aid, and even fewer were receiving actual treatment. To handle this situation the school system has only one psychiatrist, part-time and on loan from the Health Department, to meet the problems of these 11,000 children. In desperation, a number of parent-teacher groups have raised money by cookie sales and other methods to employ part-time psychologists and social workers.

In seeking scapegoats for this mess, most critics have overlooked the basic responsibility of society. One critic did not. He is Victor R. Daly, Minority Groups Consultant to the U.S. Employment Service in the District. In a letter to the Washington Post, Mr. Daly pointed out that there are currently 3,000 negro boys in Washington between the ages of 16 and 19 who have dropped out of school but cannot get work because of racial discrimination practiced in the District.

"This is the malignant source that feeds delinquency and crime in the District," Mr. Daly wrote. "The city is feeling the impact of this social monster which stalks its streets night after night ... When a condition of this sort exists in the Capital of this Nation, there is something basically wrong in the heart of the community. The city streets may be broad and clean and well lighted. The buildings may be neat and trim. There may be an abundance of monuments and parks. But the system of handling human relations must be way out of kilter."

Is the juvenile delinquency situation any different in other parts of the country? It is generally agreed that it is not, although we have no really reliable figures on the number of

children in trouble. [As Dr. Lawrence G. Derthick, U.S. Commissioner of Education pointed out in Congressional testimony this year: "We have less information about our children than we have about our hogs".

[The League for Emotionally Disturbed Children estimates that there are about one million youngsters in school now who need some psychiatric help. It estimates that another one-half million children aren't in school because there are no facilities to handle their particular behavioral problems. Where are some of these troubled children? Between 5,000 and 6,000 of them are in state mental hospitals. Some of them in these hospitals are crowded on wards with 80 to 100 very sick adults. To any of you who have any illusions about the type of "treatment" given children in these massive mental hospitals, I respectfully suggest that you talk to some of the children in these hospitals. I have, and it is a very bitter experience.

In addition to the state mental hospitals, there are a handful of residential treatment centers for children. A year ago, the Illinois State Department of Welfare did a survey of residential treatment centers for children in this country. The survey revealed that only 13 states have specialized treatment facilities for these children, and most of them have an inadequate number of beds. Thirty-seven of the states surveyed were housing children in with the adult populations of their overcrowded mental hospitals. For example, in Illinois the two treatment centers for psychotic children have a combined capacity of 84 beds, but there are 306 children in the state mental

hospitals and an additional 1,200 children in need of hospitalization.

In 1956, the American Psychiatric Association and the American Academy of Child Psychiatry held a conference on the psychiatric in-patient treatment of children. Chapter six of the conference report sadly concludes that "no reliable data exist on the incidence and prevalence of childhood psychiatric disorders in general".

The conference report quotes from a number of state, city, and private surveys which have attempted to estimate the size of the problem. As you well know, one of the more ambitious attempts was conducted here in Rhode Island by the Pawtucket and Blackstone Valley Council of Social Agencies, the Rhode Island Society for Mental Hygiene, and the Family and Children's Division of the Council of Community Services. This survey uncovered 1,678 emotionally disturbed youngsters. Of these, 342 were found in need of hospital care. Further noting that an additional 146 children needed clinical service, which could not be provided by the Providence Child Guidance Clinic, the report concluded:

"One thing is clear: we have sick children and their needs are not being adequately met. Any other health problems involving 1,600 persons would be considered an epidemic, calling for drastic action."

It is interesting to note that in each of these community surveys the report always expresses "shock" at the number of children who are beyond the reach of existing treatment facilities. For example, the survey by the Cleveland Mental Health

Association turned up 407 emotionally disturbed children in that city, with only 103 receiving any form of psychiatric care. In a survey by the 14 Child Guidance Clinics of Michigan of approximately 7,000 children under its care, it was estimated that about 10% of these children needed to be hospitalized, but that only 35 were. Furthermore, all 14 Guidance Clinics attested to long waiting lists of children who could not be handled.

Similar data have come from surveys in the state of Connecticut and the cities of Baltimore and San Francisco. Furthermore, most of these surveys are of the top-of-the-iceberg variety; they just uncover the deeply troubled children who have come in contact with one or another of the official social agencies.

But the community asks impatiently: "This is an emergency. Sick children are roaming the streets, tearing up themselves and those around them. How many beds should we provide to treat them?"

And the American Psychiatric Association and the American Academy of Child Psychiatry answer wearily:

"There are at present no statistically valid data on the number of emotionally ill children needing hospital treatment, criteria for judgment on the need for hospital treatment in distinction to other types of therapy have not yet been established, and the efficacy of hospital treatment has not yet been validated ... It is known, however, that there are relatively few beds, and that seriously emotionally ill children are being kept in detention homes, jails and other inappropriate places."

What about disturbed children in the schools? Do they get treatment? Several years ago, Dr. Leo Bartemeier, Chairman of the Council on Mental Health of the American Medical Association,

testified before a Congressional Committee on this problem. He called to the attention of the Congressmen a three-year research project conducted under the auspices of the Columbia University Department of Psychiatry, which reported that 10% of public school children in the United States are emotionally disturbed and need mental guidance, but that the majority of schools lack the trained personnel or facilities to aid these disturbed children.

"The psychiatric personnel shortages in the schools are appalling," Dr. Bartemeier told the Congress. "There is one psychiatrist for every 50,000 children, one psychologist for every 10,964 children, and one psychiatric social worker for every 38,461 children."

How about the private schools? In the sea of platitudes which seem to engulf the whole problem of the emotionally disturbed child, none is more persistent than the nostrum that private schools are a superior refuge from the troubles currently besetting the public schools.

What are the facts? In a companion study conducted by Columbia University's Department of Psychiatry, it was reported that youngsters in private schools suffer more from emotional disturbances than do public school children. Furthermore, private schools do an even less adequate job than public schools in providing the mental hygiene programs these children need. As a matter of fact, 36% of the private schools have no mental hygiene services whatsoever, as compared with 17% having no such services as reported in the earlier Columbia survey of public schools. No private school among the 123 surveyed met the minimum needs of

its students for psychiatric guidance.

The really intriguing aspect of this survey is that while not one of the private schools surveyed even admitted the existence of juvenile delinquency among its pupils, the director of the survey, Dr. David Abrahamsen, pointed out that he was treating quite a few of the youngsters from these very schools in private psychiatric practice. As a further irony, it is significant to note that many of the private schools reporting they had no emotional disturbances among their pupils said they needed a full-time psychiatrist.

I presume that you have all heard of the recent sorry events in the New York City school system. A number of violent events culminating in the suicide of a junior high school principal, who was being harassed by a grand jury looking for a scapegoat, resulted in an order by the Superintendent of the New York City Schools suspending close to 1,000 of the most troublesome pupils. Some of these children have since been transferred to special schools for problem children; the majority of them have been left to roam the streets.

There was an immediate hue and outcry from an outraged citizenry. Militant do-gooders and social welfare organizations, which spend more time guarding their own little empires against encroachments than in concern for these troubled children, demanded to know what was wrong with the psychiatric treatment program in the city schools.

The first target was the Bureau of Child Guidance, which is supposed to handle the most disturbed cases in the schools.

But the Director of the Bureau, Dr. Jean Thompson, cried out in anguish that she was swamped by referrals.

"There are about 500 children in the five boroughs whose cases we have accepted but have not been able to touch," Dr. Thompson told reporters. "I haven't the faintest idea how many hundreds have not been accepted after principals asked for help".

She pointed out that the Bureau was understaffed "because the salaries were not high enough to attract psychiatrists, psychologists, and social workers".

What about New York City's Children's Center? It has facilities for 321 youngsters, but is now caring for 515. Mrs. David M. Levy, president of the Citizens Committee for Children of New York City, pointed out sorrowfully that three children frequently slept in one bed at the Center. Furthermore, the Bureau of Child Welfare shortages in all staff categories were so acute that records on some children were not transcribed for six months to a year. Because of this delay, many of the 1600 children waiting to be placed in foster homes were losing their chance.

Critic after critic pointed out that many of the vacancies in the child welfare agencies were left unfilled because of budgetary economies in New York City. This in the wealthiest city in the world, with a school population of close to one million children.

Further testimony revealed that troubled children were being stacked up in an overcrowded assembly line. For example, Youth House is another facility which cares for disturbed children in New York City. Presiding Justice John Warren Hill of the Domestic Relations Court pointed out that on two recent occasions judges

of the court were unable to remand to Youth House 597 boys because it was filled to overflowing, including in its number 50 boys who were awaiting transfer to overloaded state training schools. During this period, Judge Hill asserted, hundreds of juveniles were arrested who could not be accepted at Youth House and were turned back on the streets.

When the buck was passed along to the state training schools, they in turn howled. They pointed out that there were only 1,150 beds for New York City children at these schools. They said they needed at least 600 more beds immediately, and they admitted they were discharging children too soon because of the crying need for bed space.

Then some of the abuse fell on the New York City Youth Board, which has a great responsibility in this whole area. But Youth Board officials pointed out that their budget was only \$4,500,000 a year, the smallest budget of any agency in a city government which spends two billion dollars a year to provide services to its citizens.

Finally, an enterprising New York newspaper uncovered the fact that at least 243 of New York's children had tried to take their lives in 1957. The newspaper went after the New York City Health Department. The Health Department recognized the gravity of the problem, and admitted that 243 cases was a very low estimate, since attempted suicides were reported to the Department only when drugs or chemicals were used.

What happens to these children who attempt to commit suicide? A public health nurse visits the home after the child has received

medical attention. Her visit is followed by a health department letter, asking that a parent and the child visit a department psychiatrist. The health department estimated that only 18% of the families respond to the letter. The rest are lost to the department.

What happens to the families who take their children to the Department in response to the letter?

"We do not diagnose or treat" a department psychiatrist explained. "All of these youngsters need some kind of treatment. We tell them to get it privately or go to a mental hygiene clinic. Unfortunately, there are long waiting lists at clinics."

Complicating all the aforementioned difficulties is the tussling and hassling among the various agencies having jurisdiction over the sick and bewildered child. I have had a long and bitter experience with agency officials and social workers in the attempt to follow specific children undergoing treatment. A few years ago I picked the records of 40 disturbed children at random from the files of a large social agency in New York City. Over the next six months I was able to find only 11 of them, and only because these 11 were either in jail, in a state mental hospital, or in a state training school. The other 29 were lost to me, but they were still nice, shiny cards in the file cabinet of a well-educated social worker.

More than two years ago, speaking to the First Annual Convention of the New York State Community Mental Health Boards, I told the delegates that we were all "intently awaiting a comprehensive plan for psychiatric services in the New York

City schools. As an alumnus of the New York City Public School System, I realize the difficulties in setting up such a program. However, there is no excuse for the mediocre psychiatric services now available in the New York City schools. I know there are egos involved, there are conflicting jurisdictions involved--there are even "empires" involved--but there are also thousands upon thousands of terribly sick children involved, and I think that is much more important than a wounded emperor or two."

I do not stress this problem unduly. Professor Kenneth Clark of New York University, who has given a great deal of attention to the problem of the disturbed child, said this recently when asked to comment on the reason for lack of a unified plan for psychiatric services in the New York City schools:

"The real problem is hypocritical bureaucracy, protective of its kingdom, ready to use bullying, blackmailing, or any other weapon to maintain the status quo. The real jungle is in the office of the bureaucrats, not on the streets to which we consign the youngsters."

Because there is no plan, because few communities have tackled the problem of the disturbed child in all of its ramifications, he is most frequently lost in a nightmare of arrests, expulsions, visits to overcrowded clinics, and final dumping in some massive penitentiary.

Mr. Harrison Salisbury recently did a superb series for the New York Times on disturbed children in New York City. This is what he had to say of this lost generation of young children:

"A look at the record of some problem children shows they have lived at 15 or 18 addresses in the last two years alone.

They are birds of passage, rootless and drifting, pathetic bits of evidence in support of Albert Schweitzer's conviction that 'modern man is lost in the mass in a way which is without precedent in history'".

The foregoing is a brief resume of some of the dimensions of the problem. On the positive side, what steps must we take as a society to reduce the epidemic of juvenile delinquency and restore many of these disturbed children to productive living?

It has been my long held belief, which I expressed at some length in EVERY OTHER BED, that we know little or nothing about the underlying causes of emotional disturbances in children.

We are surfeited with all kinds of contradictory advice from "experts" on how to handle these children. One of the saner minds in the field, Dr. Hilde Bruch of Columbia University's Department of Psychiatry and Pediatrics, recently denounced the "intimidating techniques" of experts which result in "increased disturbances in children, as illustrated by the increasing need for psychiatric treatment of children in families who have followed the psychological advice. In the United States, where the teaching of child psychiatry is propagated most vigorously, there seems to be no decline in the incidence of mental disorders. On the contrary, emotional problems and juvenile delinquency are said to be on the increase, involving more and more children from middle class homes".

At the 1956 Convention of the American Psychiatric Association, Dr. Ian Stevenson, Chairman of the Department of Psychiatry of the University of Virginia Medical School, performed a devastating

biopsy on some of the current cliches and platitudes concerning child rearing. Backed up with impressive documentation, here are some of Dr. Stevenson's conclusions:

1- We have no compelling evidence of a predictable relationship between child training practices and later personality.

2- Severe psychological stresses can have as marked effects in adulthood as in infancy and childhood, sometimes having greater effect in adulthood. As Dr. Stevenson put it:

"The capacity to acquire a fixed, irrational fear or other learned response is found in adulthood as much as in childhood, and perhaps more so."

3- Infants reared according to ostensibly ideal methods of infant care show no greater immunity to mental illness than do other children reared differently. Infants reared under apparently inadequate or harmful circumstances do not necessarily develop psychological disorders. Quoting Dr. Stevenson again:

"An event which proves traumatic to one person may strengthen another."

At the same scientific session a magnificent 30-year follow-up study was presented on 150 disturbed children who had been treated at the St. Louis Municipal Psychiatric Clinic from 1924-1929. Although there was some correlation between childhood disturbances and adult maladjustment in this group, it was reported that the incidence of these disturbances bore little or no relation to socio-economic status or to broken homes. In fact, in some categories of mental illness the lower socio-economic levels had more adults without psychiatric disease

than the upper levels. Furthermore, subjects from homes broken either by death or by separation and divorce were at least as often free of psychiatric disease as those from unbroken homes.

The conclusions of the St. Louis survey have been recently substantiated by a much larger survey of high school children in the Midwest and Far West, recently reported in the American Journal of Sociology. The authors of the report, members of the faculty at the State College of Washington, uncovered no significant statistical differences in delinquency in any one of a broad strata of socio-economic groups surveyed.

Several years ago, in a study of manic depressive disease in children reported in the Journal of the American Medical Association, Dr. John D. Campbell presented impressive evidence to the effect that each child "seems to possess his own pattern of susceptibility based on inherent or constitutional factors".

"The psychodynamic school of psychiatry seems to allow the child no credit at all for individual adaptability," Dr. Campbell wrote. "It would appear that the very history of America, with its many examples of log-cabin-to-President personality, or from the slums to executive type of success story, should show the discrepancy in this kind of reasoning. If patients were studied as if the physicians were original observers, and not simply to repeat by rote unproved theories, it would readily be seen that child psychiatry is not always a case of parental neglect, misunderstanding, rejection, or discord in the home."

Dr. Paul Lemkau of Johns Hopkins, a distinguished American psychiatrist not usually associated with the organic school

of psychiatry, has pleaded with his colleagues over the past few years to accelerate research on physiological disturbances underlying childhood disorders. Emphasizing the crucial importance of detailed bio-chemical and neurological studies of organic changes in the infant from conception to birth, Dr. Lemkau cited the impressive existing evidence of pre-natal damage to a child as a major contributing factor in epilepsy, mental deficiency, and cerebral palsy.

The field of mental deficiency offers a dramatic illustration of what I am talking about. There are four million mental defectives in this country, and each day sees the birth of 300 babies destined to be victims of this tragic disease. Yet, up until a few years ago, there was a pitifully small amount of physiological research on this disorder.

Representative John Fogarty has spearheaded the awakening in this country on this problem. In a speech on the floor of the House of Representatives on March 21, 1955, he pointed out that there were scores of research questions going unanswered in the field of mental deficiency.

"Much more new knowledge is within reach," Congressman Fogarty told the House. "Mental retardation at birth has been definitely linked in many cases with the fate of the mother and the child... There are many other studies which should be directed to the prevention of mental retardation. What happens to the embryo during pregnancy? How does the brain develop? What causes brain abnormalities? How is the brain nourished? And when it is adversely affected during embryonic growth, can

the destructive process be reversed by an administration of drugs or other substances?"

As a result of the eloquence and persistence of the Congressman from Rhode Island, several million dollars have been allocated over the past few years to research on mental deficiency. There are limited break-throughs which offer great promises. We know of the danger of the mother contracting German Measles during the first three months of pregnancy. We also know that some mental deficiencies are caused by incompatible Rh factors in the blood of the mother and infant. In an even more important break-through, we know that a specific type of mental deficiency characterized by a defect in the metabolism of an essential amino acid can be corrected by diet.

We must begin to do the same kind of intensive research on emotional disturbances in children. The current psychiatric literature on children is cluttered up with hundreds of books and thousands of magazine articles attempting to prove that the disturbed child is the conditioned reflex result of a Greek myth concerning Oedipus. I do not discount the importance of parental and environmental influences in shaping the behavior of the child. But I do discount premature and unscientific clinical impressions about the impact of these influences.

I am also somewhat skeptical of the hothouse school of psychiatry which plants four to eight children behind a one-way vision window and observes them "scientifically" for an enormous number of years. Unfortunately the one-way window is too frequently clouded--it reflects only the psychodynamic theories of the observers. As one of the children being observed put it to

me recently:

"We think the window is one-way in the wrong direction."

In addition to more scientific research on childhood behavior, it is imperative that we train more psychiatric personnel to handle these children. However, it would be sheer folly to think that we can ever train enough personnel to give individual psychotherapy to every disturbed child. It would not only be impossible to do this in terms of available manpower, but it would be totally unwise. The very nature of the treatment situation is an artificial and traumatic one, and we should at all costs try to avoid it.

Instead of a great number of highly specialized people, we need a great number of additional people with specific skills which can be applied to these children. For example, the trained workers of the New York City Youth Board are doing a magnificent job going into the neighborhoods where trouble exists and applying their knowledge and affection to a solution of behavior problems.

We do ourselves a great disservice when we continually push these children out of the community and into specialized treatment situations. We fail to use the tremendous community resources which now exist and can be applied to these troubled children.

For example, Mr. Salisbury in the New York Times series points out that extension of the school day to 5 p.m. and provision of school facilities for work and play in delinquent areas costs only about \$15 a child per year above the regular program. By way of contrast, the cost of an institutionalized delinquent is \$4,000 a year or more.

Where all-day neighborhood centers have been provided, and

where schools have been kept open until 5 p.m., delinquency has dropped sharply in New York City. However, in the areas where there are two-shift and three-shift schools, the situation is impossible. A truant officer checking on a child is frequently unable to determine when the child is supposed to be attending school.

We need more school teachers specially trained to give sympathetic guidance and discipline to these troubled children. The New York Herald Tribune recently ran a profile of one of these teachers. She is Miss Norma Marenstein, and she teaches at PS 614, one of the city's special "600" schools for maladjusted children.

On a blackboard at the rear of her classroom is a list of names under the heading "100% attendance". The names of 16 students who have attended classes every day during the school year are on the list. In the schools they used to attend, every one of these students was officially known as an "inveterate truant". Miss Marenstein's entire class consists of these 16 students. How does she do it? Here is what she has to say:

"We appeal to their reasoning power. You show them you are willing to do something. They must show they're willing to comply. Here they meet their match. You know, these boys are not just surprised when they become conscious of the fact that they are qualified to use their brains. They are shocked. It's a matter of building their confidence--once they've got that, I've got them. They learn that they get what they give. They become men."

But there aren't enough teachers like Miss Marenstein in the

New York City school system. The salaries are low and the schools are overcrowded. Why? Mr. Salisbury put it this way:

"The plain truth seems to be that in the war-disoriented, prosperity-tranquilized last ten years, the city and most of its inhabitants have been content to drift and make do. 'Let George do it' has been a convenient motto for too many. Today the fear-some harvest is being reaped."

This is where you of the congress of parents and teachers come into the picture. You are the precious yeast of this democracy, but frequently you do little to raise the level of society's goals. For example, in all the newspaper clamor recently about more psychiatrists in the New York City school system, there was only a small one-paragraph item which reported that the New York State Legislature recently killed a bill which would have permitted State aid to Day Care Centers for children of working mothers. In a few years, the harvest of that action will be reaped. Will the mothers of New York City then call for more psychiatrists and more one-way windows?

I would like to make myself clearly understood on this issue. For a number of years I have gone up and down the byways of this land, pleading for more residential treatment centers for children. I still believe these are desperately needed, but I don't want us to put all of our eggs in this one basket. I don't want this movement for residential treatment centers to proliferate to the point where we have a vast chain of these edifices replete with psychodynamic psychiatrists who outnumber the children who are messing up the clay pots they don't like behind one-way windows they ridicule.

A very wise psychiatrist once described the state mental hospital as "a monument to failure--the failure of society to create the necessary conditions for the full healthy adjustment of individual minds". By the same token, these residential centers can become monuments celebrating our failure to adequately tackle the problem of the disturbed child in the setting in which he lives and learns.

In a very fundamental sense, the disturbed children of today serves as a scapegoat for our adult sense of guilt about the unstable world in which we live.

"Juvenile delinquency is not an indictment of our young people," the Rev. Walter Donald Kring asserted recently. "It is an indictment of our culture. The search in our day must not particularly be to provide more help for the youth who are psychologically disturbed, but to look at the areas of our living which are making people disturbed and to try to get some decent basis of mental health for our civilization."

In the recent uproar in the New York City schools, scapegoats were uncovered by the score. But a few courageous voices spoke out and placed the blame where it really belongs. Irving Levin, principal of a Junior High School in Brooklyn, had this to say of the "shook-up" generation he was trying to teach:

✓ ~~Why~~ ^{we} try to make them act the way we don't. We try to teach them to be polite, to be generous, to believe in the sacredness of human life, to respect the rights of others. But the kids have eyes. They look around. They see that ultimately

individuals and nations use force to solve their problems. We tell them about the old fashioned virtues, but we do not practice them in private life, community life, or in foreign relations."

We adults create the society in which our children live. We set the values by our approval or disapproval. I am forcefully reminded of this by the action of our Federal Government just a year ago. You remember the great economy wave of that period. As I pointed out in a speech in Springfield, Illinois on April 30, 1957, we were then cutting back our health and welfare expenditures despite the fact that we were adding four million children a year to the nation's population. Although the health and welfare expenditures of the Federal Government comprise only 4% of its budget total, the House of Representatives, following the dire warnings of President Eisenhower and George Humphrey, spent two weeks trying to cut these health and welfare expenditures below the austerity levels already approved by the Bureau of the Budget. And were it not for the gallant battle conducted by John Fogarty, who stood on the floor day in and day out and fought these cuts, they would have gone through.

However, among the items cut was one which would have provided \$3,000,000 for the inauguration of a research and training attack on juvenile delinquency. Billions for new turnpikes, billions for new weapons of war, but not a penny for an attack on juvenile delinquency.

This year the picture is superficially different. Because of heavy unemployment, you can get money for health and welfare programs if you can prove they help the employment situation.

Mind you, you still don't get the money on the merits of the program. As Walter Reuther once pointed out, you can only get day care centers for children in time of war and depression.

Let's look at it honestly. This is the world you and I have created for our children. This is the society in which you get billions more for missiles, billions more for roads, and even two billion dollars for an expensive trip to the moon. But when it comes to more money for our schools, even the current unemployment situation hasn't convinced the Administration to ask the Congress for the school construction monies which it regarded as absolutely vital only a year ago.

Questioning the values of our current way of life, Adlai Stevenson asked the United Parents' Associations recently what had become of American standards when the no-shift automobile was put ahead of abolishing the two-shift school.

"If a single child is lost, America is the less".

This quotation appears as the summing point of the excellent recent booklet on juvenile delinquency issued by the National Congress of Parents and Teachers. This, then, is our challenge for the future.

May I conclude with something I said a year ago in Springfield:

"I earnestly beseech all of you here today to take a firm stand in favor of the human race. Fight hard for those unfortunates who are in your care--who cannot speak for themselves. If you do not falter, we will win, and this democracy will be a healthier place in which to live and raise our children."